Employees Master Data (fill in capital letters only)

Employee Full Name (Mr./Ms./Mrs.) *:	Employee Code *:
Designation/Class(I/II/III) *:	Gender (M/F) *:
Email ID (Name based Govt. Email ID Only) *:	Service Department Name*:
Posting/Working Department Name*:	Working Section/Office Name*:
Father's Name*: -	Joining Date at Department*:
Date of Birth *:	Joining date of service *:
Post*:	Mobile No*(Linked with AADHAR):
Employee Status (Permanent/Temporary) *:	Working Status (Serving/Retired/Transferred) *:

Leave Work Flow Channel: -

Level-1	(प्रतिवेदक) Reporting Officer Name*:	Designation of Reporting Officer *:
Level-2	(नियंत्रक) Controlling Officer Name*:	Designation of Controlling Officer *:
Level-3	(अनुमोदनकर्ता) Approving Officer Name*:	Designation of Approving Officer *:

Leave Balance (If not updated in e-Leave Module):-

Leave	Balance	As on Date	Sign and Seal of Dept.-Establishment
CL			
RH/OH			
EL			
HPL			
CCL			

Seal & Sign of Reporting Officer: ----------------------------------**User Signature:** ----------------------

Note: - फार्म में सभी जानकारी भरना अनिवार्य हैं| कृपया सहायता के लिये NIC ई-ऑफिस PMU टीम से संपर्क करें- 07552512423.